

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033981

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 50

Primary Registration District No. 5179

Registrar's No. 56

FILED SEP 24 1962

VS 300
Rev. 4/59

10150

20150

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Camden | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage Township | | c. CITY OR TOWN Osage Beach | |
| Length of stay in 1b 16 years | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Caban Millage Hwy 54 | | d. STREET ADDRESS (If outside, give location) Highway 54 Cabana Village | |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Maurice Middle Guy Last Spalding | | 4. DATE OF DEATH Month September Day 9 Year 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH May 24, 1896 |
| 9. AGE (last birthday) 66 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) auditor & accountant | | 10b. KIND OF BUSINESS OR INDUSTRY Kansas | |
| 11. BIRTHPLACE (City and state or country) USA | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Guy E. Spalding | | 13b. MOTHER'S MAIDEN NAME unknown | |
| 14. NAME OF HUSBAND OR WIFE Louise Evans Spalding | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI | |
| 16. SOCIAL SECURITY NO. [redacted] | | 17. INFORMANT Louise Spalding Address Cabana Village, Osage Beach, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION 9/9/54 to 9/9/62 and last saw him alive on 9/9/62 | |
| 20g. COUNTY | | 20h. STATE | |
| 21. I attended the deceased from 10 A. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Robert E. Morgan Do (Degree or title) | | 22b. ADDRESS Rocky, Mo | |
| 22c. DATE SIGNED 9/10/62 | | 23a. LOCATION (City, town, or county) (State) Kansas City, Missouri | |
| 23b. DATE 9/11/62 | | 23c. NAME OF CEMETERY OR CREMATORY Newcomer's Crematory | |
| 23d. BURIAL, CREMATION, REMOVAL (Specify) removal & cremation | | 24. FUNERAL DIRECTOR Walter Hedges Address Camdenton, Missouri | |
| 25. DATE RECD. BY LOCAL REG. Sept 10-1962 | | 26. REGISTRAR'S SIGNATURE Zilpha J. Draw | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 25 1962

DEC 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter P. Hughes

Licensed Embalmer No. 4265

P. O. Address Camdenton, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.